

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Crawford for Congress

A. Full Name (Last, First, Middle Initial)
MRS. LORI HUNDLEY

Mailing Address **2908 WOODTHRUSH CIRCLE**

City JONESBORO	State AR	Zip Code 72401-0532
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FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFF	Occupation INFORMATION REQUESTED PER BEST EFF
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Receipt For: 2012
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		05		2012

Transaction ID : SA11.4284

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. BLANT HURT

Mailing Address **2623 COMMERCE DR**

City JONESBORO	State AR	Zip Code 72401-9159
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FEC ID number of contributing federal political committee. **C**

Name of Employer SMA FINANCIAL	Occupation EXECUTIVE
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Receipt For: 2012
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
1250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		05		2012

Transaction ID : SA11.4243

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DR. MICHAEL ISAACSON

Mailing Address **410 MALLARD DR**

City JONESBORO	State AR	Zip Code 72401-7138
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FEC ID number of contributing federal political committee. **C**

Name of Employer NEA BAPTIST	Occupation PHYSICIAN
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Receipt For: 2012
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		16		2012

Transaction ID : SA11.4644

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00
